



HOSPICE  
of the VALLEY

1510 E. Flower St.  
Phoenix, AZ  
85014.5699

602.530.6900  
Fax 602.636.5375

*A not-for-profit organization*

## VOLUNTEER APPLICATION

<b>PERSONAL DATA</b>	Last Name		First Name		Middle	
	Home Phone ( )		Work Phone ( )			
	Cell Phone ( )		Email			
	Address		City/State		Zip Code	
	Major Cross Streets		Are you at least 18 years of age?		Month and Day of Birth	
<b>REFERRAL</b>	How were you referred to Hospice of the Valley?					
<b>VOLUNTEER QUALIFIERS</b>	Why are you interested in volunteering for HOV?					
	What qualities do you possess and volunteer experiences have you had that would make you a good volunteer?					
	Check all that apply	What are your areas of volunteer interest?				
		<input type="checkbox"/> Home Care Respite <input type="checkbox"/> Inpatient Care <input type="checkbox"/> Errands/Transportation <input type="checkbox"/> Pet Connections Team		<input type="checkbox"/> Music Partner <input type="checkbox"/> Bereavement Phone Support <input type="checkbox"/> Clerical Support <input type="checkbox"/> Special Events		<input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Thrift Shoppe
	Are you able to provide regular availability and commit two to four hours each week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	When are you able to provide your volunteer service?			When are you able to attend the 24-hour training program (weekdays only)?		
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal <input type="checkbox"/> Evenings <input type="checkbox"/> Flexible			<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Flexible			
Have you experienced a significant change or loss in the past year?						
<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Career <input type="checkbox"/> Move <input type="checkbox"/> Other: _____						
How do you feel you are coping with the change / loss?						
<b>VOLUNTEER OFFICE USE ONLY</b>						
Follow up contact: _____			Returned _____			
_____			Acknowledged _____			
_____			Interviewed by _____			
_____			Date _____			
Background Check			Registered for Class # _____			
Date: _____ Initials: _____ <input type="checkbox"/> Records attached <input type="checkbox"/> No records found			Area _____			
			<input type="checkbox"/> Transfer <input type="checkbox"/> Non-Patient			

<b>ADDITIONAL INFORMATION</b>	Other than Arizona, where have you lived in the last three years?		
	What is your educational background?		
	Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, name of company:		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your employer provide volunteer matching benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
	What are your interests, hobbies, skills?	Are you fluent in a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
	In what groups / organizations do you have membership?		
	Drivers License State and Number	Auto Insurance Policy Provider and Policy Number	
	Have you been convicted of or served time for a felony? * <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what offense(s), date and where? <i>*Felony conviction will not necessarily disqualify applicant from volunteering. Convictions are evaluated in relation to the position applied for.</i>		
<b>REFERENCE Non-family</b>	Name	Daytime Contact Number	
	Address	Relationship	Years Known
	Name	Daytime Contact Number	
	Address	Relationship	Years Known
	Name	Daytime Contact Number	
	Address	Relationship	Years Known
<b>OPTIONAL</b>	We consider applicants for volunteering without regard to race, color, religion, national origin, sexual orientation, age or disability. Answering the following questions is optional and all information is confidential. The information will be used to gather collective demographic information on volunteerism.		
	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age group: <input type="checkbox"/> 18 – 30 <input type="checkbox"/> 31 – 45 <input type="checkbox"/> 46 – 60 <input type="checkbox"/> 61 – 75 <input type="checkbox"/> over 75	
	Race/Ethnic group: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____		

Please share with us any pertinent information about yourself or your family that you would like us to know:

---



---

In the event of an emergency or accident while volunteering with Hospice of the Valley, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT ACKNOWLEDGMENT**

By signing this application, I declare that the information provided by me is accurate, current and complete. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application. I understand that this application will not be considered if questions are left unanswered, or is not signed and dated.

I authorize Hospice of the Valley and/or its agents to investigate all statements contained in this application for volunteer work as may be necessary in arriving at a volunteer decision, including but not limited to a background search/verification, criminal record search, driving record, education and licensure certification. I authorize law enforcement authorities to release any information concerning my background and hereby release authorities from any liability for any damage whatsoever for issuing this information.

I understand that I will participate in a volunteer interview. I also agree to abide by all policies, regulations and guidelines established by Hospice of the Valley.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# VOLUNTEER SELF PROFILE

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What would you personally like to gain from your volunteer work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What might be the most challenging or difficult aspect of your volunteer work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you anticipate are some of the problems our patients and their families face? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How do you handle stressful situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What have you enjoyed most about your previous volunteer work or about your job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Would you rather work in a one-on-one setting or a group environment? \_\_\_\_\_  
\_\_\_\_\_
7. What accommodations should we make for your volunteer service (allergies, disabilities, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What method of transportation will you use for your volunteer work? \_\_\_\_\_  
\_\_\_\_\_
9. What do you see yourself doing in your volunteer role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What talents, skills, hobbies or particular interests would you like to share with the patients and families with whom you will work?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_